

HAND DELIVERED

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The Survey Group PAC

P.O. Box 1052
Alexandria, VA 22313

2014 OCT -1 PM 12:42

FEC MAIL CENTER

October 1, 2014

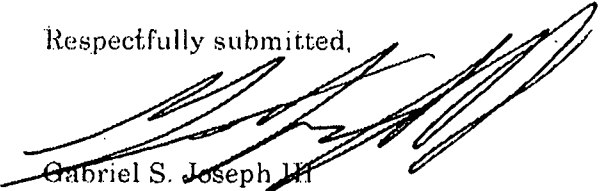
Federal Election Commission
999 E Street, NW
Washington, DC 20463

**Re: Form 1, Statement of Organization—Unlimited Contributions
The Survey Group PAC**

To Whom It May Concern:

This committee intends to make independent expenditures and, consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,



Gabriel S. Joseph III
Treasurer

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**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

2014 OCT -1 PM 1:14
FEC MAIL CENTER

Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

The Survey Group PAC

ADDRESS (number and street)

P.O. Box 1052

☐

(Check if address
is changed)

Alexandria

VA

22313

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address
is changed)

SurveyGroupPAC@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

None

2. DATE 10 1 2014

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Gabriel S Joseph III

Signature of Treasurer



Date

10 01 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

Candidate Committee:

- Name of
-
- Candidate

Candidate
Party Affiliation

Office
Sought:

House

Senàte

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

(d) ☐ This committee is a

(National, State
or subordinate) committee of the

(Democratic,
Republican, etc.) Party.

(e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:





- ☐ Corporation
 ☐ Corporation w/o Capital Stock
 ☐ Labor Organization
☐ Membership Organization
 ☐ Trade Association
 ☐ Cooperative
☐ In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

(g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.  FEC ID number C
2.  FEC ID number C
3.  FEC ID number C
4.  FEC ID number C

Write or Type Committee Name

The Survey Group PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Gabriel S. Joseph III

Mailing Address

P.O. Box 1052

Alexandria

VA

22313

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

571 - 317 - 0884

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Gabriel S. Joseph III

Mailing Address

P.O. Box 1052

Alexandria

VA

22313

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

571 - 317 - 0884

Full Name of
Designated
Agent

Gabriel S. Joseph III

Mailing Address

P.O. Box 1052

Alexandria

CITY

VA

STATE

22313

ZIP CODE

Title or Position

Treasurer

Telephone number

571 - 317 - 0884

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BB&T Bank

Mailing Address

5679 Stone Road

Centreville

CITY

VA

STATE

20120

ZIP CODE

Name of Bank, Depository, etc.


Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

| | |
|---|---|
| <input checked="checked" type="checkbox"/> Hand Delivered | Date of Receipt 10/1/14 |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
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| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
|  PREPARER (8/2013) | 10/1/14 DATE PREPARED |

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